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Quality of Life and Aphasia Severity: Is There a Relationship?

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Introduction

This is an extension of a smaller study exploring the relationship between an impairment-level measurement (the Western Aphasia Battery (WAB) Kertesz; 2007) and a functional-level measurement (the Stroke and Aphasia Quality of Life scale (SAQOL-39) Hilari and Byng; 2001) in a group of people with aphasia.

Many attempts have been made to measure health-related quality of life (HRQL) with varying success. Given that quality of life is affected in the lives of people with aphasia, it is important that we understand the nature and extent of this. Previous research investigating quality of life has often excluded people with aphasia and/or cognitive impairment, when they are often those most prone to social isolation or exclusion (Hilari et al, 2003). The SAQOL-39 was developed specifically to include those with aphasia and has therefore been used here to measure the relationship between aphasia severity and quality of life. Bose et al (2009) compared the SAQOL-39 and the ASHA QCL scales and concluded that they capture different but equally important aspects of living with aphasia.

On the basis of previous research (Bakheit, et al, 2005) we predicted that HRQL would increase as aphasia severity decreased.

Procedure

Fifty participants (19 female; 31 male, aged 30-84 years) all living independently in the community were recruited for this study. Thirty-three of the participants had a communication partner. The WAB and the SAQOL-39 were administered in the participants' home or a speech-language therapy clinic of their choosing.

Results

As illustrated in Table 1, no correlation was found between aphasia severity and overall health-related quality of life ($r = 0.1114$). With respect to the individual domains of QOL there was evidence of a slight relationship between the psychosocial domain and time post onset and the psychosocial domain and having a communication partner or participating in a social activity each week. As expected, the demographic variables of age, gender and education appeared to play no significant role in determining HRQL.

Discussion

We expected to see some degree of relationship between severity of aphasia and overall HRQL (or the communication domain at least). We will consider the possible reasons for the apparent lack of relationship. This will include a discussion of the potential weaknesses of the measurement tools.

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References

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Table 1. Correlation of Aphasia Quotient and overall SAQOL-39 score (n=50)

